

State of Minnesota

County

District Court

Judicial District: _____

Court File Number: _____

Case Type: Criminal

State of Minnesota,

Plaintiff

vs.

PROOF OF SERVICE

Defendant

STATE OF MINNESOTA)
) SS
 COUNTY OF _____)
 (County where Proof of Service is signed)

I, _____ (name of person who mailed the documents), state that on _____ (date), I served the attached documents, *Notice of Hearing and Petition for Expungement* and proposed *Order*, by mailing true and correct copies to the parties checked below at the addresses listed by putting envelopes with sufficient postage in the U.S. Mail in the City of _____.

1	MN Bureau of Criminal Apprehension CJIS-CCH-Court Orders / Petitions 1430 Maryland Avenue East St. Paul, MN 55106 (Required)	5	_____ County Dept. of Corrections (Probation) _____ _____ _____ (Required)	9	MN Dept. of Human Services Attn: Licensing 444 Lafayette Road N. St. Paul, MN 55155 (check box & use if related to your case)
2	Office of the MN Attorney General Suite 1800 NCL Towers 445 Minnesota Street St. Paul, MN 55101 (Required)	6	_____ County Sheriff's Office Attn: Records _____ _____ _____ (Required)	10	MN Dept. of Health 85 E. 7 th Place, #220 P.O. Box 64970 St. Paul, MN 55164-0970 (check box & use if related to your case)
3	MN Dept. of Corrections Attn: Records 1450 Energy Park Drive, Ste. 200 St. Paul, MN 55108-5219 (Required)	7	_____ Police Dept. Attn: Records _____ _____ _____ (check box & use if related to your case)	11	MN Dept. of Natural Resources 500 Lafayette Road St. Paul, MN 55155-4040 (check box & use if related to your case)

<p>4</p> <p>_____ County</p> <p><input checked="" type="checkbox"/> Attorney's Office Attn: Criminal Records</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(Required)</p>	<p>8</p> <p>_____ City</p> <p><input type="checkbox"/> Attorney's Office (Prosecutor) Attn: Criminal Division</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>	<p>12</p> <p><input type="checkbox"/> <u>MN Department of Public Safety</u> _____ Division</p> <p><u>445 Minnesota Street</u> <u>St. Paul, MN 55101-5155</u></p> <p>(check box & use if related to your case)</p>
<p>13</p> <p><input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>	<p>14</p> <p><input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>	<p>15</p> <p><input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(check box & use if related to your case)</p>

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date _____

Signature (person who mailed the papers) _____

Printed Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____